

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/720469**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		<del>1</del>	<del>1</del>
2	1		1		1	
3		2		2	<del>1</del>	<del>1</del>
4		2		2	1	
5		2		2	<del>1</del>	<del>1</del>
6		2		2	1	
7		2		2	<del>1</del>	<del>1</del>
8		2		2		1
9		2		2		1
10		2		2		1
11		2		2		1
12		2		2		1
13	1		1		<del>1</del>	<del>1</del>
14		2		2	1	3
15		2		2	1	3
16		2		2	1	3
17	1		1		1	
18		2		2	1	3
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TOTAL IND.			7		7	
TOTAL DEP.			35		33	
TOTAL CLAIMS			42		30	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						